



New Jersey Department of Environmental Protection  
Site Remediation Program

**DISCHARGE TO GROUND WATER (DGW) PERMIT-BY-RULE  
AUTHORIZATION REQUEST**

☐ LSRP    ☐ Subsurface Evaluator (UHOT)

Date Stamp  
(For Department use only)

**SECTION A. SITE NAME AND LOCATION**

Site Name: \_\_\_\_\_

AKAs: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Interest (PI) Number(s): \_\_\_\_\_

Case Tracking Number(s) for this submission: \_\_\_\_\_

Municipal block(s) and lot(s) where the **proposed discharge(s)** would occur:

Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_ Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_

Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_ Block # \_\_\_\_\_ Lot #(s) \_\_\_\_\_

**SECTION B. FEE AND DISCHARGE INFORMATION**

DGW Proposal Review Fee ..... \$350.00

**Discharge Type** (check all that apply)

☐ Discharge of Recovered Ground Water

Will the discharge be a result of dewatering only? ..... ☐ Yes    ☐ No

☐ Discharge that is part of an *In situ* Remediation

☐ Discharges other than those above (see instructions for more information)

**Facility Type** (check all that apply)

☐ Underground Injection Control (UIC) facility (i.e., any type of injection)

☐ Non-UIC (e.g., surface application) (see instructions for more information)

**Attach a Discharge to Ground Water Proposal to this form** (see instructions)

**SECTION C. PUBLIC NOTICE PROVISIONS** (Does not apply to residential heating oil tank cases)

Is the proposed discharge lasting greater than 180 days? ..... ☐ Yes    ☐ No

If "Yes," attach a copy of the public notice written as you intend it to be published. (see instructions)

**SECTION D. SITE USE AND GROUND WATER CLASSIFICATION**

**Current Site Use** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Industrial           | <input type="checkbox"/> Agricultural             |
| <input type="checkbox"/> Residential          | <input type="checkbox"/> Park or recreational use |
| <input type="checkbox"/> Commercial           | <input type="checkbox"/> Vacant                   |
| <input type="checkbox"/> School or child care | <input type="checkbox"/> Government               |
| <input type="checkbox"/> Other _____          |   |

**Intended Future Site Use** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Industrial           | <input type="checkbox"/> Park or recreational use |
| <input type="checkbox"/> Residential          | <input type="checkbox"/> Vacant                   |
| <input type="checkbox"/> Commercial           | <input type="checkbox"/> Government               |
| <input type="checkbox"/> School or child care | <input type="checkbox"/> Future site use unknown  |

What is the ground water classification for this site as per N.J.A.C. 7:9C? (check all that apply)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Class I-A                              | <input type="checkbox"/> Class II-A  |
| <input type="checkbox"/> Class I-PL Pinelands Protection Area   | <input type="checkbox"/> Class III-A |
| <input type="checkbox"/> Class I-PL Pinelands Preservation Area | <input type="checkbox"/> Class III-B |

## SECTION E. RECEPTOR EVALUATION SUMMARY

### Non-UHOT Cases

1. Have any of the following been identified on the site or within 200 feet of the site boundary?

Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Residences                        | <input type="checkbox"/> Child care facilities        |
| <input type="checkbox"/> Public and private schools (K-12) | <input type="checkbox"/> Surface water                |
| <input type="checkbox"/> Other occupied buildings          | <input type="checkbox"/> Public parks and playgrounds |

2. Did the well search conducted as a part of the receptor evaluation show any well use (potable, industrial, or irrigation)? ..... ☐ Yes ☐ No

If "Yes," indicate the type of use and approximate distance (closest occurrence) from site: *(Check all that apply)*

☐ Potable Distance from site: \_\_\_\_\_ feet

☐ Industrial Distance from site: \_\_\_\_\_ feet

☐ Irrigation Distance from site: \_\_\_\_\_ feet

3. Have any of these receptors been impacted? ..... ☐ Yes ☐ No

If "Yes," Do you have an NJDEP assigned Case Manager? ..... ☐ Yes ☐ No

If "Yes," please list the Case Manager: \_\_\_\_\_

### UHOT Cases

1. Is ground water contamination above the Ground Water Remediation Standards? ..... ☐ Yes ☐ No

If "Yes," answer questions 2 and 3.

2. Has a potable well been identified within 100 feet of the contamination? ..... ☐ Yes ☐ No

3. Have any potable wells been impacted? ..... ☐ Yes ☐ No

If "Yes," has the NJDEP been notified? ..... ☐ Yes ☐ No

## SECTION F. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: \_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

☐ Check this box if the person above is also the property owner of the site or their representative. If this person is not the site property owner, please ensure the site property owner's name and address is included in the DGW Proposal, and also indicate that the property owner has been informed about the proposed discharge.

**SECTION G. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT**

LSRP ID Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This statement shall be signed by the LSRP who is submitting this notification in accordance with SRRA Section 16 d. and Section 30 b.2.

*I certify that I am a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C to conduct business in New Jersey. As the Licensed Site Remediation Professional of record for this remediation, I:*

**[SELECT ONE OR BOTH OF THE FOLLOWING AS APPLICABLE]:**

- ☐ *directly oversaw and supervised all of the referenced remediation, and/or*  
☐ *personally reviewed and accepted all of the referenced remediation presented herein.*

*I believe that the information contained herein, and including all attached documents, is true, accurate and complete.*

*It is my independent professional judgment and opinion that the remediation conducted at this site, as reflected in this submission to the Department, conforms to, and is consistent with, the remediation requirements in N.J.S.A. 58:10C-14.*

*My conduct and decisions in this matter were made upon the exercise of reasonable care and diligence, and by applying the knowledge and skill ordinarily exercised by licensed site remediation professionals practicing in good standing, in accordance with N.J.S.A. 58:10C-16, in the State of New Jersey at the time I performed these professional services.*

*I am aware pursuant to N.J.S.A. 58:10C-17 that for purposely, knowingly or recklessly submitting false statement, representation or certification in any document or information submitted to the board or Department, etc., that there are significant civil, administrative and criminal penalties, including license revocation or suspension, fines and being punished by imprisonment for conviction of a crime of the third degree.*

LSRP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LSRP Name/Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

**SECTION G. SUBSURFACE EVALUATOR UST REPORT CERTIFICATION FORM**

*I certify under penalty of law that the work was performed under my oversight and I have reviewed the report and all attached documents, and the submitted information is true, accurate and complete in accordance with the requirements of N.J.A.C. 7:14B and N.J.A.C. 7:26E. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information including fines and/or imprisonment.*

Name: \_\_\_\_\_ UST Cert. No.: \_\_\_\_\_  
Firm: \_\_\_\_\_ Firm's UST Cert. Number: \_\_\_\_\_  
Firm Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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